

## **CLAIMS ONLY**

SERIAL NO \_\_\_\_\_ FILING DATE \_\_\_\_\_

**FILING DATE**

APPLICANT'S

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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1					
4	1					
5	1					
6		1				
7		1				
8		1				
9						
10						
11	1					
12		1				
13	1					
14		1				
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	1		1			
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS